ASSOCIATION BETWEEN DISABILITY, FOOD INSECURITY, SOCIOECONOMIC STATUS AND UNTREATED DENTAL CARIES AMONG US ADULTS 20-64 YEARS OLD: NHANES 2013-2014 Safaa Ahmed, BDS, MPH; Marvellous Akinlotan, BDS, MPH, PhD; Nina Ray, DDS; Dan Burch, DDS

Disability and Untreated Dental Carles

Poverty Income Ratio (200%-399% FPL vs 400%-599% FPL)

Model 1: Baseline model (Disability status and untreated tooth caries)

Note: Cl=confidence interval: OR=odds ratio: FPL=Federal Poverty Level: * P < 0.05 ** P < 0.01

Model 2: Model 1 + Demographic Indicators (Age, Gender, Marital Status, Place of Birth and Race)

Poverty Income Rabo (< 100% FPL vs 400%-599% FPL)

Last visit to the dentist (> 1 yr vs last 12 months)

Last visit to the dentist (Never vs last 12 months)

Household Food Security (Marginal vs Full)

Household Food Security (Very low vs Full)

Household Food Security (Low vs Full)

Health Insurance (no vs yes)

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Background

- 57 million Americans (18.7%) have a disability (1) Individuals with disabilities face challenges related to resources, economic stability, healthcare access, and education
- (2, 3, 4, 5, 6)The ADA defines disability as a physical or mental impairment that limits major life activities or a perceived impairment (8) Dental caries and disability are influenced by proximal.
- intermediate, and socio-structural factors (5, 7) Research on the relationship between dental caries, disability, socioeconomic status, and food security is limited (5)

Objective

To explore the interplay between demographic and socioeconomic status, on the disability and untreated dental caries relationship

Methods

- Data source: National Health and Nutrition Examination Survey (NHANES) for the cycle of 2013-2014
- Main outcome: untreated dental caries, summarized on the tooth level, defined as cavitated lesions that have not been filled or treated; root caries and third molars were excluded
- Main Predictor variable: disability status, summarized using six binary questions about serious difficulties in daily activities (Hearing, Seeing, Concentrating, Walking, Dressing, Running errands). Respondents were classified as disabled if they answered "yes" to any question.

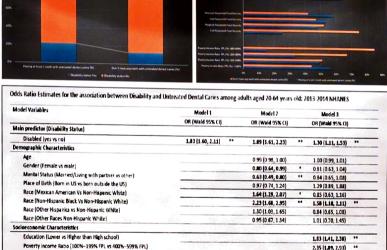
Statistical analyses

Descriptive statistics were calculated accounting for NHANES complex sampling design. Continuous data were summarized with weighted means and standard deviations; categorical data with weighted frequencies and percentages.

Weighted multivariate logistic regression models estimated the relationship between untreated dental caries and disability status, controlling for demographic and socioeconomic factors using SAS v9.4.

Bivariate associations between participants with and without

untreated caries were analyzed using Pearson Chi-square tests.



Model 3: Model 2 + Sociaeconomic Indirators (Education status, poverty income ratio, health insurance status, last visit to the dentist, household food security)

Socioeconomic Factors

Results

Having a disability increased the odds of having at least one permanent tooth with dental caries bv 30% (OR=1.3, 95%CI:1.11,1.53) following adjustment for demographic and socioeconomic characteristics.

Demographic Factors

Race, education, poverty income ratio, health insurance status, last visit to the dentist and household food security were all associated with untreated dental caries

Conclusion

1.83 [1.53, 2.20]

2.42 (1.96, 3.00)

1.32 (0.92, 1.91)

1.50 (0.95, 2.37)

1.68 (1.19. 2.38)

2.95 (2.12, 4.09) **

1.38 (1.14, 1.67) 4

2.81 (1.61, 4.92)

- Untreated dental caries is associated with disability and is heavily influenced by
- socioeconomic inequalities.
- Future research should focus on assessing the causal role that disability has on having untreated dental caries and if interventions introduced early in life can improve dental care access

among this vulnerable population.



Resources